

UNITED STATES DISTRICT COURT  
NORTHERN DISTRICT OF OKLAHOMA

Plaintiff(s)

vs.

Case Number:

Defendant(s)

**CORPORATE DISCLOSURE STATEMENT**

Pursuant to Fed.R.Civ.P. 7.1, which states:

A nongovernmental corporate party to an action or proceeding in a district court must file a statement that identifies any parent corporation and any publicly held corporation that owns 10% or more of its stock or states that there is no such corporation.

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[name of party]

who is a (check one) ☐ PLAINTIFF ☐ DEFENDANT in this action, makes the following disclosure:

1. **Is party a publicly held corporation or other publicly held entity?**

(Check one) ☐ YES ☐ NO

2. **Does party have any parent corporations?**

(Check one) ☐ YES ☐ NO

If YES, identify all parent corporations, including grandparent and great-grandparent corporations:

3. **Is 10% or more of the stock of party owned by a publicly held corporation or other publicly held entity?**

(Check one) ☐ YES ☐ NO

If YES, identify all such owners:

4. **Is there any other publicly held corporation or other publicly held entity that has a direct financial interest in the outcome of the litigation?**

(Check one) ☐ YES ☐ NO

If YES, identify entity and nature of interest:

5. **Is party a trade association?**

(Check one) ☐ YES ☐ NO

If YES, identify all members of the association, their parent corporations, and any publicly held companies that own 10% or more of a member's stock:

**DATED** this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Bar Number

\_\_\_\_\_  
Firm Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
ZIP

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Fax

\_\_\_\_\_  
Email Address

### **CERTIFICATE OF SERVICE**

I hereby certify that on \_\_\_\_\_ (Date), I electronically transmitted the foregoing document to the Clerk of Court using the ECF System for filing and transmittal of a Notice of Electronic Filing to the following ECF registrants (names only are sufficient):

I hereby certify that on \_\_\_\_\_ (Date), I served the same document by

- |  |   |
|--|---|
| <input type="checkbox"/> U.S. Postal Service | <input type="checkbox"/> In Person Delivery |
| <input type="checkbox"/> Courier Service     | <input type="checkbox"/> E-Mail             |

on the following, who are not registered participants of the ECF system:

Name(s) and Address(es):

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Signature